

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth scored.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 151a
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Pember

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Male

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes

7. Date
of birth

March 29 1932
Month Day Year

8.

FATHER

Full name

Arthur C. Pember

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

10. Color or race

White

11. Age at last birthday 43 (Years)

12. Birthplace (city or place)

Nebraska

(State or country)

13. Occupation

Nature of Industry

General Contractor
Not Employed

14.

MOTHER

Full maiden name

Yertude Chambers

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Globe

16. Color or race

White

17. Age at last birthday 36 (Years)

18. Birthplace (city or place)

Texas

(State or country)

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 4

21. Were precautions taken against ophthalmia neonatorum?

No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

Stillborn
(Born alive or stillborn.)

at 3 P m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

E. Gunter

(Physician or Midwife)

Given name added from
a supplemental report

Month, day, year

079-329-832

Registrar

Address

Globe, Arizona

Filed 5/17, 1932

L. E. Dougherty
Registrar